

213046732
10879

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District RD123	Agency Case No. B3-114097	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1			
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/10/2013		(In Military Time) TIME OF ACCIDENT 2305	STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2307	12/11/2013				
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 20th & Cornhusker Hwy		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D	IF AT INTERSECTION		IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1/M	20th & Cornhusker Hwy								
02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
E	VEHICLE NO. 1								
2	DRIVER LICENSE NO.	H13191912		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
V1/N	DRIVER NEN V NGUYEN		PHONE 402-405-3131		LOCAL NO.				
V2/N	DRIVER ADDRESS 4131 PAXTON CIR, LINCOLN, NE 68521		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/19/1968			
2	OWNER Nen Van Nauven		PHONE 402-405-3131		LOCAL NO.				
G	OWNER ADDRESS 4131 Paxton Circle, Lincoln, NE 68521		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB396401			
6	LICENSE PLATE PA NO.	SCH093		YEAR (Plate Expires)	2014	STATE (Of Plate) NE			
H	VEHICLE	2001	MAKE Lexus	MODEL RX 300	BODY STYLE Compact Utility	COLOR green			
V1/O	VEHICLE ID NO. (VIN) JTJHF10U510195408		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000		INSURANCE COMPANY Wadena				
2	TOWED TO		TOWED BY		POLICY NO. WAP30XV				
V2/O	VEHICLE NO. 2								
1	DRIVER LICENSE NO.	H13437124		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
V1/P	DRIVER JESSICA C HOTCHKIN		PHONE 402-570-7262		LOCAL NO.				
V2/P	DRIVER ADDRESS 2924 N 3RD ST, LINCOLN, NE 68521		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/16/1992			
1	OWNER JESSICA HOTCHKIN		PHONE 402-570-7262		LOCAL NO.				
J	OWNER ADDRESS 2924 North 3rd Street, Lincoln, NE 68521		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.			
01	LICENSE PLATE PA NO.	TDV425		YEAR (Plate Expires)	2014	STATE (Of Plate) NE			
V1/Q	VEHICLE	2000	MAKE Dodge	MODEL NSE	BODY STYLE 4 door Sedan	COLOR dark green			
V2/Q	VEHICLE ID NO. (VIN) 1B3ES46C0YD857109		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500		INSURANCE COMPANY USAA				
4	TOWED TO		TOWED BY		POLICY NO. 029725580R71014				
K	02								
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F			
VEH. #	NAME	ADDRESS		Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-114097

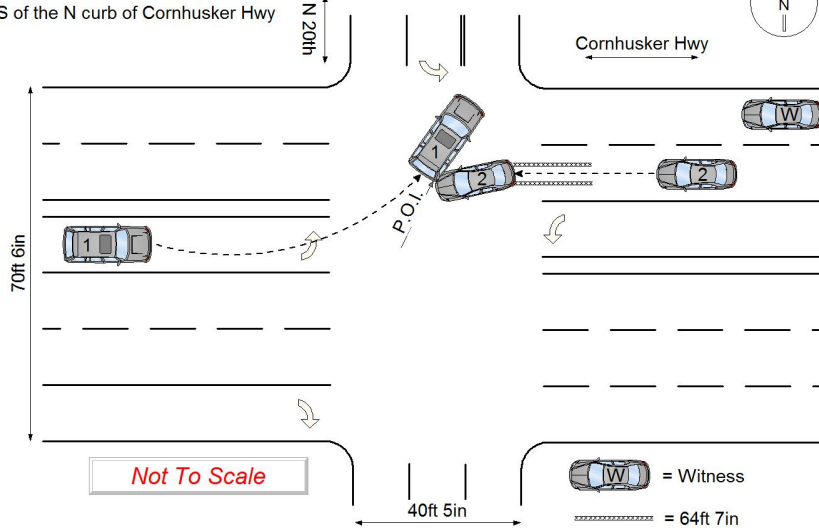


Indicate
North
by Arrow

P.O.I

48ft 3in W of the E curb of N 20th

25ft 11in S of the N curb of Cornhusker Hwy



Not To Scale

All Measurements are Approximations

Measurements taken by Ofc Keiser #1726

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DR#1 reported he was eastbound on Cornhusker Hwy turning left onto 20th street when he was struck by vehicle #2. DR#1 stated he had a left turn green arrow so he proceeded to turn north onto 20th street when his vehicle was struck by veh#2 causing an accident. DR#2 stated she was westbound on Cornhusker Hwy approaching 20th St with a green light. As dr#2 proceeded through the intersection she stated veh#1 turned northbound in front of her. Dr#2 applied brakes attempting to avoid the collision. Veh#2 collided with veh#1 causing an accident. The witness stated he was following veh#2 and also observed westbound traffic to have a green light. The witness observed veh#1 to make a northbound turn in front of veh#2. The witness observed the collision and stated he was barely able to avoid a collision with veh#1 himself.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Ryan P Hobrock	ADDRESS 4308 N. 20th Street, Lincoln, NE 68521	PHONE 402-742-6941		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)													
1			X		Cornhusker														
2				X	Cornhusker H														
1	06				06 Turning left														
2	01				08 Entering traffic lane														
					01 Essentially straight ahead														
					02 Backing														
					03 Changing lanes														
					04 Overtaking/Passing														
					05 Turning right														
					13 Unknown														

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	04	POINT OF IMPACT	02
MOST DAMAGED AREA	04	MOST DAMAGED AREA	02
00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 01 05 08 07 06	

VEHICLE 1				VEHICLE 2			
1	4			1	2		
2				2			
3				3			
4				4			
5				5			
6				6			

VEHICLE 1				VEHICLE 2			
1	2			1	2		
2				2			
3				3			
4				4			
5				5			
6				6			

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2
		1	1
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1539	TROOP/TEAM/BEAT 1	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) David Koso		INVESTIGATOR SIGNATURE Approved by Ofc. David Koso	DATE OF REPORT 12/11/2013